



Family Feedback Questionnaire

Please read the statements below about your experience with Children's Administration and your social worker. Circle the number that best fits how you feel.

The information will be used to help the social worker in their work with families in the future.

Name of Social Worker:

Date of FTDM:
(if applicable)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. My social worker developed a partnership with me that was genuine and respectful.	1	2	3	4	
2. The FTDM was facilitated in a manner that was genuine and respectful.	1	2	3	4	
3. My social worker expressed interest in learning more about my family; what makes us special, our customs and way of life.	1	2	3	4	
4. I felt I was acknowledged for what I do well.	1	2	3	4	
5. I felt listened to, and my ideas and suggestions were used in developing plans for my family.	1	2	3	4	
6. I understand what is needed to keep my child(ren) safe.	1	2	3	4	
7. I received information that helped me identify individuals and community resources that can support my family when we need it.	1	2	3	4	

I would also like to say...



Thank you.